

Foster Family Home - Corrective Action Report

Provider ID: 3-619281

Home Name: Marites Domingo, CNA

Review ID: 3-619281-8

81-1171 Konawaena School
Road

Reviewer: Carol Copeland

Kealahou HI 96750

Begin Date: 7/3/2017

End Date:

7/17/17

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit survey performed to recertify three client home. Home not in compliance on day of survey. Corrective Action Report issued with Plan of Correction due to CTA by 7/17/17.

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

No TB clearance in home binder for caregivers # 1.
No blood borne pathogen training for caregiver # 2 for 2016.

Foster Family Home Fiscal Requirements

[17-1454-49.1]

49.1.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

No budget for 2017 in home binder.

Carol Copeland
Compliance Manager
Marites Domingo
Primary Care Giver

7-3-17
Date
7/3/17
Date

3/17

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- 1.(b)(7) Couldn't get a copy of TB for 2016. Rhonda Soto moved and closed bussiness.
- 1.(b)(8) I will make sure to check binders monthly for updates,
Forgot to put Caregiver #2 BBP in binder
- I will double check my binder for missing papers & updates, monthly.
- 1.(b) faxed my budget to Carol Copeland for 2017
- I will check my binder for updates and monthly checks.

Sincerely,
~~Marites~~
(Marites Domingo)